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ABSTRACT

This document reports on two studies by the Bridges to Inclusion project concerning issues surrounding runaway and/or homeless youth with disabilities. The first study surveyed emergency adolescent shelter providers funded by the Family and Youth Service Bureau. Findings addressed types of disabilities frequently identified or suspected in homeless and runaway youth, challenges in serving these youth, strategies utilized, staff training needs, and staff responses to working with this population. The second survey focused on the perspectives of a variety of disability organizations (N=202) on this issue. Findings addressed programs and policy, staff training needs, and potential for collaboration. Both studies found that neither the emergency adolescent shelter system nor the disability organizations are well designed to meet the needs of these youth, who may fall between the cracks and receive no services from either system. It is critical that both the disability support network and adolescent emergency service providers build relationships with each other and share resources. Implications are discussed in terms of program modifications to increase effectiveness, changes in their interventions and expectations from youth, and expansion of the outside resources used for support. The two surveys are appended. (DB)

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December 1999

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The authors would like to acknowledge the contributions of others who have contributed to the development of this monograph. In particular we would like to thank the survey respondents that provided their perspective on this important issues. Additional staff who contributed to this effort include Cecilia Gandolfo, Margaret Van Gelder, Jean Ciborowski and Vaunne Ma at the ICI and Kathy Manganero and Arlene Spencer from Bridge Over Troubled Waters. Staff from Bridge Over Troubled Waters can be reached at 47 West Street, Boston, Ma, (617) 423-9575

This publication will be made available in alternate formats upon request.

Introduction

The National Network for Youth estimates that 1.3 million youth run away from home each year (FYSB, 1998). While it is difficult to determine a conclusive number, it is generally agreed that runaway and homeless youth come from a variety of ethnic, religious, and socio-economic groups and include youth with and without disabilities. To respond to the needs of these youth the Runaway Youth Act was enacted in 1974, establishing a system of local services for runaway and homeless youth. Approximately 60,000 youth are served annually by 400 agencies that are funded by the Family and Youth Services Bureau (National Clearinghouse on Families and Youth, 1998).

While all youth who are served by these agencies present emotional and psychological responses which are often self-destructive and alienating, there are youth who have a harder time overcoming these problems and who have not been able to access or benefit from traditional models of support. This newly identified population consists of youth with developmental, cognitive, emotional or learning disabilities, which create additional challenges beyond those that youth without disabilities face.

This monograph will review findings of two national studies that examined issues surrounding youth with disabilities who are runaways or are homeless. Surveys of the adolescent emergency shelter system and the developmental disabilities support network document this issue from the two perspectives that traditionally provide support to this population.

Common Characteristics of Runaway and Homeless Youth

Youth with disabilities who are considered in this research need to be understood within the context of all youth who are runaway and homeless. While youth with disabilities have specific challenges, they also experience many of the same difficulties faced by their peers.

Emotional disorders

Many runaway and/or homeless youth show symptoms of emotional disorders. The extent to which a youth is "disabled" by these emotional conditions will depend on whether this is a temporary response to situational stimuli or based on chemical reactions in the brain, which can create conditions such as bipolar disorder or clinical depression. Research in this area, however, has focused more on behavior associated with the emotional disorder rather than the disability.

Depression, suicide attempts, and suicidal ideation are reported commonly in the literature (Gary, Moorhead, & Warren, 1996; Post & McCoard, 1994). In a national study of youth living in shelters or on the street, FYSB found that 26% of those who were living in shelters and 32% of those on the

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street had attempted suicide, with a high proportion having attempted suicide before leaving home (NCFY, 1998).

Drug Use and Abuse

A history of drug abuse and current drug use is also frequently reported. Gary et.al. (1996) reported current alcohol use in over 60% of their sample and current drug use (primarily marijuana) in 33%. Kipke, Montgomery, Simon and Iverson (1997) reported similar findings with 71% of their sample of 13-23 year olds meeting the DSM-III criteria for alcohol and/or illicit drug abuse. They also found a positive association between the length of time homeless and risk for substance abuse. Some evidence suggests that a majority of runaway and/or homeless youth have parents with substance abuse issues. Gary et.al. (1996) found that 75% of subjects reported alcohol use (not necessarily abuse) and 43% reported drug use by their parents.

History of Abuse

Substantial numbers of runaway and/or homeless youth also share a history of abuse. Sixty-two percent of youth in a private, San Francisco-based agency reported "multiple abuse" in the home. Fifty three percent of these youth reported coming from homes where there was physical abuse, while 30% experienced sexual abuse (Kennedy, 1991). Gary, et al. (1996) reported similar findings (67% reporting experiencing abuse, 46.5% physical abuse, 23% sexual abuse, 2.3% emotional abuse, and 27.9% reporting a combination of all three) from their sample from a runaway shelter in Florida.

Academic and Learning Difficulties

Several studies have reported on academic or learning difficulties experienced by runaway and homeless youth. Kennedy (1991) found that 18% of his sample had received special education services and Kurtz, Jarvis, and Kurtz (1991) reported that homeless youth were more likely to attend alternative education than non-homeless peers. They also found that homeless youth were more likely to drop out of school and that about a third considered their own "unruly behavior in school to be a problem" (Kurtz, Jarvis, & Kurtz 1991, p. 312). In a sample of individuals from a shelter for runaway and homeless youth, 52% of the youth demonstrated a reading disability while 28.5% and an arithmetic/written work disability (Barwick & Siegel, 1996). Rohr (1996) found that runaways often have academic problems, while Post & McCoard (1994) state that runaways sometimes run away because of school problems. Although these findings are suggestive of the presence of learning disabilities or perhaps conduct disorders in runaway and/or homeless youth, this is not explicitly stated in the literature.

The myriad of issues which youth who are runaway and/or homeless present exemplifies the need for coordination of services. As they currently exist, agencies tend to either focus on specific need areas or overlap with services from other agencies, but have not created a comprehensive service approach. Coordination of services is particularly relevant to runaway and/or homeless youth with disabilities. These individuals have complex needs that cannot be entirely met by either youth service agencies or disability agencies alone.

Federal Response

In the early 1990's, the Administration for Children and Family (ACF), an agency that funds services for youth who are runaway and/or homeless, began to broaden its focus on issues that affect youth with disabilities. In 1993, a federal collaboration between ACF and the Administration on Developmental Disabilities (ADD) was formed to create a comprehensive response and to merge resources in addressing issues surrounding these youth served by both systems. A national task force was designed to identify strategies to respond to the needs of youth with disabilities who were runaway and/or homeless. One development of this task force was the joint funding of the Bridges to Inclusion Project in Boston.

The Bridges to Inclusion Project

Bridges to Inclusion, a three-year-long collaboration between Bridge Over Troubled Waters, Inc. (Bridge) and the Institute for Community Inclusion (ICI), began in 1995. Bridge is a nationally recognized multi-program agency serving youth at risk of running away and becoming homeless. The ICI, a University-Affiliated Program at Children's Hospital in Boston, specializes in working with people with disabilities. The project was developed to enable Bridge and other youth-serving agencies to respond to an increasingly troubled and hard-to-serve client group (youth with identified or suspected developmental and cognitive disabilities), understand the difficulties this group was facing, and develop a service approach which could meet their needs. Staff from ICI and Bridge worked together to develop a research and service model which focused on long-term training and consultation which would allow staff to identify youth with disabilities in Bridge's client base, develop specialized services to assist them, and ultimately, transform the way staff think about these youth.

This project was developed to respond to concerns expressed by direct service staff at Bridge Over Troubled Waters. Direct staff found that this newly identified group of youth experienced all of the problems faced by other runaway and/or homeless youth, but the problems were highly exaggerated. In addition, the staff's capacity to deal with these problems was limited. Typical

characteristics of this group of youth included excessive neediness and constant bids for attention, inappropriate and seemingly "thoughtless" behavior, forgetfulness, volatility (a tendency toward anger and violence), very short attention spans, inability to attend to multi-level tasks, and having trouble overcoming barriers to reach short-term goals. These problems, along with their differing learning styles, often led to misunderstandings and miscommunication between youth and staff. As a result, youth became frustrated and alienated both the staff and other youth at Bridge, often leading to failure or inability to complete program goals.

Research Studies

One goal of the Bridges to Inclusion project was to identify if there were similarities between experiences of the Bridge staff and staff at other emergency adolescent shelters. In addition, the research intended to document the perspective of the developmental disabilities support network concerning issues surrounding the runaway and/or homeless youth with disabilities they were serving. Through these two studies common areas of experience and perspective were to be identified, as well as gaps in where the systems were not working collaboratively to respond to the needs of these youth.

Methodology

Separate surveys were developed to collect the two perspectives of service agencies that may be working with youth with disabilities who were runaway and homeless. The first survey targeted Family and Youth Service Bureau funded emergency adolescent shelter providers. Since these agencies typically provide direct service, front line response to youth who are runaway and/or homeless, they have a clear picture of the population and needs of youth currently on the streets. The second survey focused on disability organizations' perspectives on this issue. The following organizations were identified as the developmental disabilities support network: University Affiliated Programs, Developmental Disabilities Councils, Protection and Advocacy agencies, State LEA School-to-Work and Transition grant recipients, and Child/Adolescent Services Programs within State Departments of Mental Health and Mental Retardation. While representatives from these agencies do not provide direct service to youth, they have expertise on the policies and practices of service delivery for youth with disabilities.

While two separate surveys were developed to reflect the differences in respondents, a consistent approach toward survey development was used. Initial survey questions were developed based on available information concerning related research documented in the literature. Related literature was limited but provided some context for survey questions. During the initial survey development

Bridge staff contributed to item development. Once draft survey instruments were available, expert panels familiar with the content areas were asked to review the instruments for appropriateness of questions and to ensure that all appropriate areas of inquiry were addressed. Feedback from the expert panels was incorporated into the survey, which was then pilot tested by staff at FYSB funded programs or DD support network organizations. Changes were again made in the instruments based on this feedback, and the final instruments were sent to agency representatives.

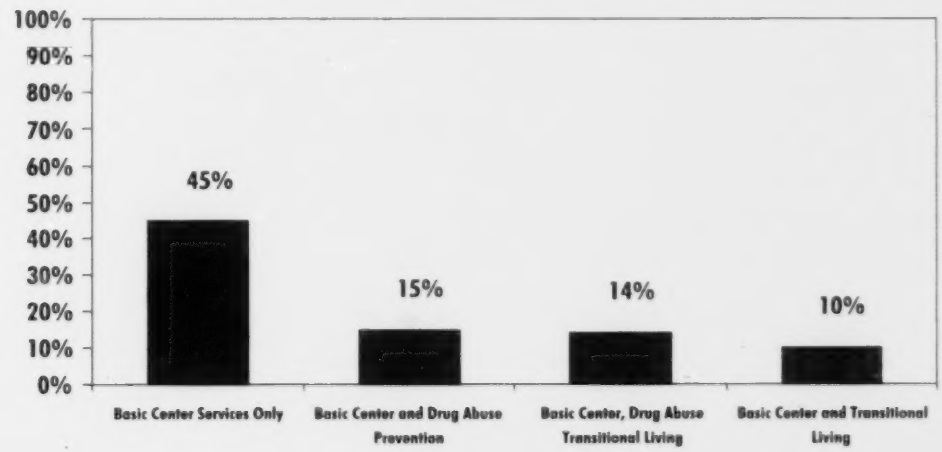
As an incentive for completion of the survey a dollar bill was included with the survey (and staff were encouraged to enjoy a cup of coffee while they filled out the survey). Three weeks following the initial mailing of the surveys, a second letter and survey were sent to non-respondents.

Information from the two studies will be presented separately. Implications and recommendations based on the combined findings will be summarized at the end of the monograph.

Family and Youth Services Bureau survey

To obtain the perspective of agencies that work with youth who are runaway and/or homeless, the survey was sent to 382 adolescent emergency shelters, which are funded by the Family and Youth Services Bureau. A total of 242 agencies responded to the national survey, which requested information about services provided in 1995 (See appendix A for copy of FYSB agencies survey). The vast majority described their agency as providing Basic Center Program services such as shelter, outreach, and crisis intervention. Forty-five percent of agencies responding indicated that they provided only Basic Center services. See figure 1 for detailed information concerning the combination of services provided by responding agencies.

Figure 1
Combination of Services Provided By FYSB Agencies



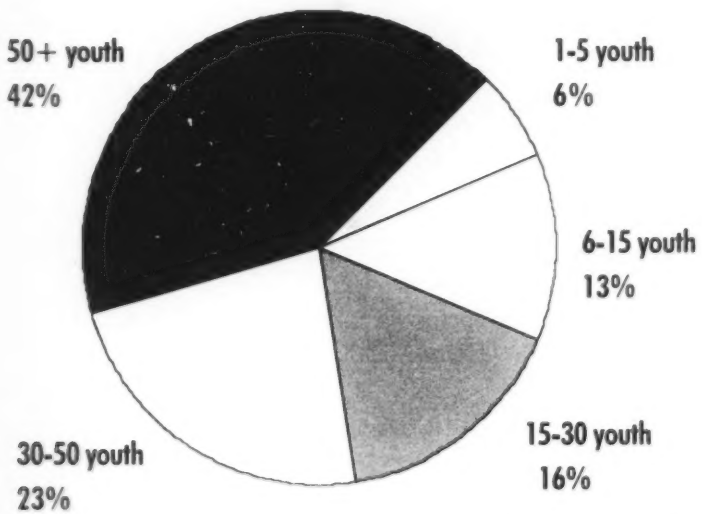
The majority of agencies who responded served over 500 youth per year; however 26% of the agencies served fewer than 250 youth per year. While agency services typically focused on meeting the needs of youth who fell within the 11-18 year age range, 42% of agencies also served youth who were 18-21 years of age. A majority of the agencies operated in an urban area, while fewer than one-third provided services in suburban and rural areas. Fifty agencies stated that their primary area was a combination of urban, suburban and rural.

Findings

Identified Disabilities

All of the findings reported below are based on agency experiences with youth in the 16-21 age range. The survey focused in part on issues regarding youth who had an identified disability, either through self-report or documentation in school or medical records. Agencies were given disability definitions obtained from fact sheets provided by the National Information Center for Children and Youth with Disabilities (NICHCY). Ninety-four percent of the agencies reported having served youth with an identified disability. Forty-two percent of responding agencies indicated that they had served over 50 individuals with identified disabilities a year. These individuals are a subsection of the median number of 150 total youth served by these agencies (See figure 2).

Figure 2
Number of Youth With Identified Disabilities Served By FYSB Agencies



Represents only agencies who could identify numbers served.

Based on agency estimates of the prevalence of youth with disabilities being served, approximately one quarter of the total number of youth served had an identified disability. Since this number only includes youth with an identified disability (i.e. have medical or school records or self-identify as having a disability) it is likely an underrepresentation of the total number of youth with disabilities seen by runaway and homeless services.

The vast majority of agencies reported that they had served youth with an identified emotional or learning disability. (Emotional and learning disabilities were defined for survey respondents. See appendix A for disability definition.) Less than half reported providing services to youth with a physical disability while one-third had served youth with mental retardation. Only a quarter of agencies that responded reported that they had served individuals with sensory impairments such as a hearing loss or visual impairment. See Table 1 for description of agencies serving youth with identified disabilities.

Certain agencies were able to provide the actual number of youth served within each disability category. Youth with learning disabilities and emotional disabilities received services much more frequently than youth with other disabilities. Based on the data profile, in 1995 the average agency served 25 youth with a learning disability, 25 youth with an emotional disability, 5 with mental retardation, 3 with a physical disability, and 2 with a sensory impairment.

Table 1

Percentage of organizations that provide services to youth with an identified disability

Disability Category	%
Emotional disability	89
Learning disability	88
Physical disability	43
Mental Retardation	36
Sensory Impairment	22

Suspected Disability

The second focus of the survey was to determine the incidence of and response to youth who did not have an identified or documented disability, but for whom staff may have suspected an underlying learning, emotional or other developmental problem. It has been a concern that these youth, along with youth with identified disabilities, may require specialized support services beyond those which agencies would typically provide. One goal was to learn how to make programs more responsive to these youth, who might be at risk of dropping out of the service delivery system.

Concerning the question of whether agencies were serving youth with suspected disabilities, agencies were given the following criteria.

> **The following questions relate to 16-21 year old youth who receive services from your agency who have not been identified with a self reported or documented disability. These are youth who may have underlying learning, emotional or other developmental problems which may require specialized support services beyond those which your agency typically provides. Although these youth have not been diagnosed with a specific disability, you suspect they could benefit from special education or clinical services. Youth who might fall into this category might be described in one or more of the following ways:**
>
> - **Has a special learning style and gets easily overwhelmed with multiple steps to a task;**
> - **Has a history of academic problems and underachievement;**
> - **Is impulsive in social interactions and has difficulty maintaining relationships with peers;**
> - **Has difficulty developing relationships, has a long history of failure and is isolated from support services**
> - **Has developmental skills which are not consistent with age appropriate peers.**

Ninety-three percent of the agencies responding indicated that they have provided services for youth with a suspected disability, with a majority serving at least 30 youth in this category. Agency staff reported a variety of behavioral indicators to identify individuals with possible underlying disabilities. Most agencies stated "difficulties with interpersonal relationships" was one indicator. Other indicators included difficulty following through on tasks, problems with multi-step instructions, mood swings, and inclinations toward aggressive behavior and hyperactivity

Challenges

Respondents cited several barriers or obstacles encountered in providing services to youth with identified disabilities. Sixty-seven percent of responding agencies indicated that there have been youth with disabilities that they have not been able to serve. The most frequently cited reason that agencies could not serve these youth was due to mental health or emotional concerns of the youth. Concerns regarding whether a youth posed a risk to him/herself or to others at the center caused agencies to refer youth to mental health services. Aggressive behavior toward other youth typically could not be adequately managed or tolerated. In some cases where a youth was at risk of harming him/herself or others and outside resources were not in place, the youth were removed from the center and returned back to their home or to the street. The second most prevalent reason for not continuing to serve a youth with disabilities was because of cognitive or learning problems. Some of these youth experienced difficulty communicating or in following the structure of the center, and the agencies felt they could no longer serve the individual. Youth with learning disabilities were also excluded from some services since they required more support and attention than the agency felt that they could provide.

Physical and medical disabilities also created challenges for providers. Youth with visual impairments were not able to receive services from several agencies. One agency could not support a youth with diabetes because of the demands of her insulin schedule. An additional reason that youth were not able to continue receiving center services was legal or criminal activity resulting in the youth going to jail or juvenile detention. Ongoing substance abuse resulted in some youth to stop receiving services.

One service provider describes a specific youth and the challenge and frustrations of not being able to serve this youth with complex needs.

> *Youth with emotional & learning disabilities w/ poor impulse control. [The individual] kept hitting and touching other clients. Conflict plans did not work and [the individual] needed an intensive psychiatric hospital setting which was not available since Mom did not have insurance. The youth went home and behaviors continued. The system won't intervene until the youth harms someone else which then activates law enforcement and the like. No prevention and late intervention. The youth was naturally kicked out of school because of behavior which eliminated a piece of key structuring in his routine which escalates overall decline. [The individual becomes] a total system throwaway.*

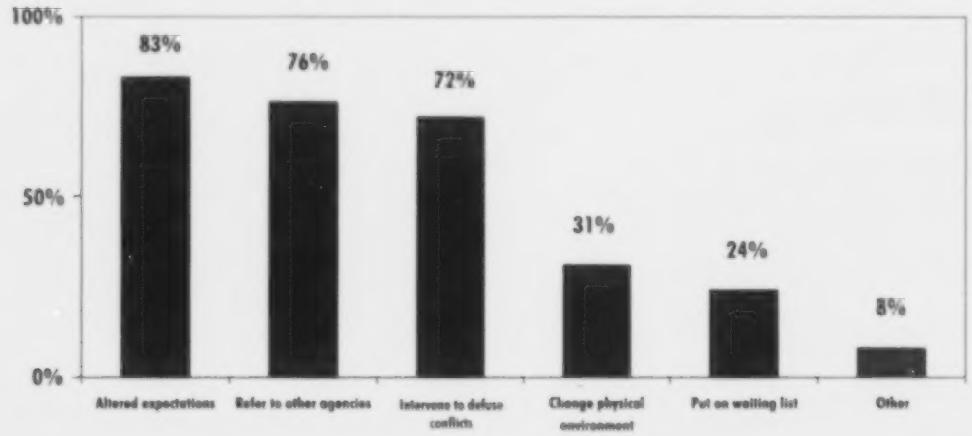
When asked to identify the obstacles that make it difficult to serve youth with disabilities, over half of the agency respondents cited the concern that their staff did not have the proper skills or expertise. Fifty-two percent of agencies also responded that their staff did not have sufficient time to provide quality services to youth with disabilities, while others stated that their program could not respond to their individual needs. Funding issues, with respect to staffing and support services, along with capacity concerns such as overcrowding and physical plant limitations, were also raised. Concern raised by the interaction among center youth and the youth with disabilities was cited by several agencies. Some were particularly concerned about youth with disabilities receiving more staff time and intervention and the possibility of this creating difficulties for other youth. The lack of external resources, such as mental health counseling and special education services, was also identified by some agencies as an obstacle.

Strategies Utilized

To address the above obstacles, agencies developed different approaches and accommodations. The most prevalent strategy used was staff altering expectations for youth in performing certain tasks. (See figure 3 for strategies used with youth with identified disabilities.) In addition, most agencies made referrals to other agencies for additional services, including public and private mental health centers, mental retardation and vocational rehabilitation agencies, long-term treatment facilities, and various school resources. While agency staff often used the strategy of intervening to defuse

personal conflicts, they did so more frequently in situations where youth with identified disabilities were having conflicts. Staff reporting using the strategy of intervening less often in conflictual situations involving youth with suspected disabilities.

Figure 3
Strategies Used To Work With Youth with Disabilities



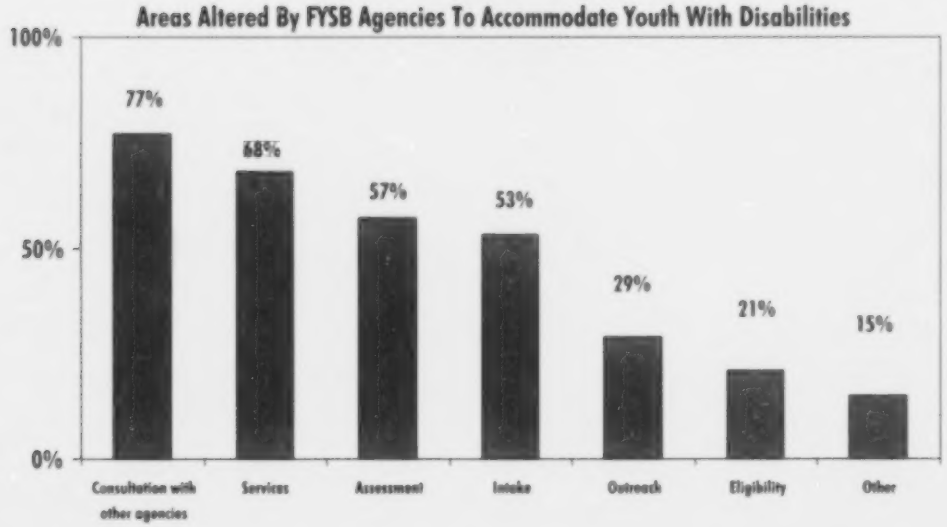
Alterations/Modifications

Agencies were asked if they had altered any services or approaches to services to meet the needs of youth with disabilities. Two-thirds of the agencies stated that they had, with the majority of modifications occurring through consultation with other agencies and changes in the types of services provided (see figure 4). Many agencies cited the importance of accommodating to individual needs. Examples of accommodations included individualizing treatment and service plans, employing shorter sessions, and breaking down tasks into smaller steps. Several agencies also modified their intake and assessment process. These revisions included making the process more flexible, changing intake forms to make them more understandable for youth and then carefully reviewing the main ideas, and closely checking histories with other agencies and schools. Organizational modifications were made in the areas of changing staff patterns, increasing the number of trainings, and offering smaller sessions for group meetings with youth.

Staff training needs

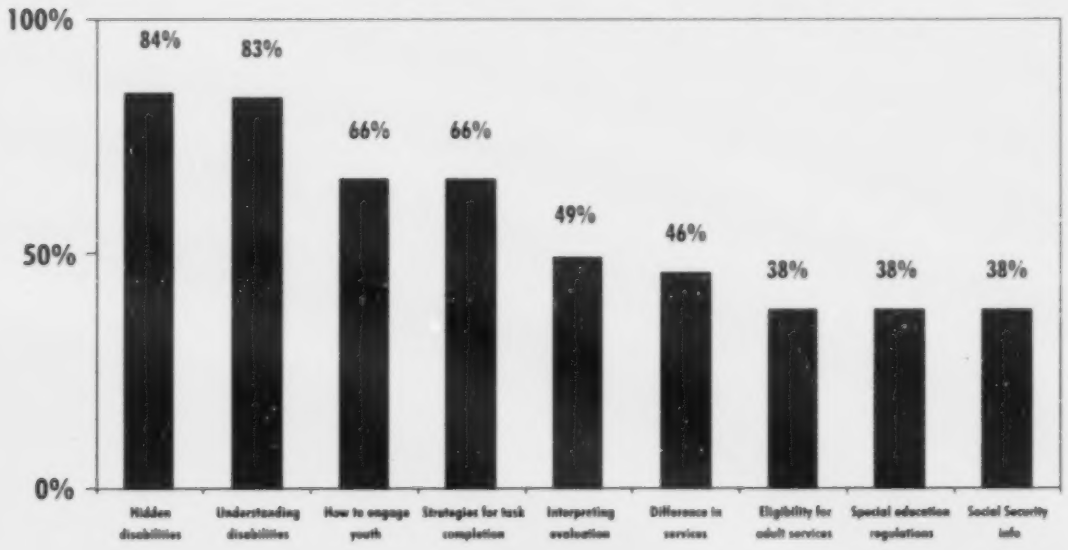
Agencies indicated that their staff had received some training on issues concerning disabilities, but the majority (82%) felt that their staff could benefit from additional training in this area. Topics

Figure 4
Areas Altered By FYSB Agencies To Accommodate Youth With Disabilities



that respondents indicated the greatest interest in included understanding disabilities, identifying and accommodating hidden disabilities, and ways of engaging youth. See figure 5 for agency preference on training areas.

Figure 5
Areas FYSB Agencies Would Like To See Addressed In Training



A few agencies indicated that they had received training on disability issues in the past but felt that the training was too general and too abstract. These respondents indicated a preference for training to provide an opportunity for staff to practice their new skills and to have follow-up support following the training.

Staff response to working with youth with disabilities

Agencies were asked to describe the impact on the staff of working with individuals with identified or suspected disabilities. The most frequent response was that staff experienced increased emotional and physical demands in attending to the more complex needs of these youth. The results ranged from elevated stress to burnout, high turnover, and lowered morale. Many agencies acknowledged that while their staff did experience some stress as the result of serving these youth, this stress was often counter-balanced with the sense of satisfaction in being successful with a youth. On the positive side, agencies reported increased staff awareness and understanding, increased knowledge about disability issues, and a greater sense of accomplishment in succeeding with these youth. In addition, several agencies suggested that working with youth who had more complex needs caused their staff to be more creative and flexible and that this provided many benefits. As staff were able to respond more creatively to the needs of one youth, they were able to carry these ideas over to other youth with whom they were working.

Developmental Disabilities Support Network survey

In a separate study of the developmental disabilities support network, 396 state-level disability organizations that provide support and resources to individuals with disabilities were surveyed. Organizations in the developmental disabilities support network included: University Affiliated Programs, Developmental Disabilities Councils, Protection and Advocacy agencies, State LEA School-to-Work and Transition grant recipients, and Child/Adolescent Services Programs within State Departments of Mental Health and Mental Retardation. Surveys were sent to state-level representatives from the identified organizations who were chosen as knowledgeable sources on policy and service provision for individuals with disabilities (see Appendix B for a copy of the survey). A total of 202 organizations responded to the survey.

Findings

The representatives from the DD support network agencies reported a different perspective than that of the FYSB agencies on the issue of youth with disabilities who are runaway and/or homeless. There was limited awareness of the relationship between disabilities and runaway and homeless youth, with forty-two percent of the respondents indicating that they were either "unaware" or only

"vaguely aware" of issues concerning this population of youth. Twenty-two percent of respondents indicated that they were "very much aware" of the issue. Respondents who indicated that they were aware of the issue indicated that they became more aware of the issue through the following means:

- Direct service, medical treatment or case work
- Assessments of the community's needs
- Discussions with other agencies
- Newspaper/media sources
- Contact or information from agencies that are working with this population
- As a result of youth who have run away or become homeless at discharge from psychiatric hospitals or residential facilities
- Interactions with the courts that involved these youth
- Interactions with school/IEP process

Respondents from Departments of Mental Health have been more involved with this issue than other agencies. Fifty-six percent of respondents from Mental Health agencies said they were "very much aware" of this issue and 28% said it was a "substantial concern" for their constituency.

When asked to indicate if the issue of runaway and/or homeless youth was a concern for the constituency that they serve, only 12% of overall respondents viewed this issue as a "substantial concern". Forty percent of the respondents indicated that this issue had not been raised as a concern at all. The level of concern did not differ by community in which services were provided (urban, suburban, rural), indicating this is not an urban issue alone. It affects youth in all communities.

For the subsection of agencies that indicated that their constituency was concerned about youth with disabilities who were runaway and/or homeless, 54% of those agencies have had contact with youth in this situation. However, this means that almost half of the agencies that indicated a concern among their constituency had done no outreach or intervention with this groups of youth who were in need.

Programs and Policy

Limited awareness or concern regarding the needs of youth with disabilities who are runaway and/or homeless has resulted in a correspondingly limited number of program or policy changes to respond to the needs of this group. Only 26% of respondents reported developing programs or

policies to address this issue. Examples of policies or new programs that agencies are implementing include:

- Development of a crisis response team to ensure that youth are not discharged to shelters
- Study of the reasons youth run away from congregate mental health settings
- Wraparound shelter care services for youth with developmental disabilities
- Incorporation of issue into the state plan
- Distributing directories of child/adolescent mental health services to homeless youth providers
- Policy recommendations to state housing authority
- Interagency planning council for youth who are served by multiple agencies
- Prioritization of individuals based on needs and situation so that homeless youth would have priority for services

Agencies that have developed programs or policies gave the following reasons for implementing such programs: concerns about the high number of runaway and hurt children in the community; concern about youth shuffled between placements or unstable living situations; local schools needing assistance in serving homeless youth; changes in laws and the award of a grant to serve the population.

Staff training needs

Training has been identified as a major need area as 73% of respondents felt that it would be useful for their staff. Despite this need, only 18% of respondents have received training. Agencies interested in training indicated that they were particularly interested in the areas of identification of resources for youth and families, and in identification of risk behaviors.

Potential for collaboration

Relationships between adolescent emergency shelter providers and state-level disability organizations are limited, despite a high incidence of individuals with disabilities in provider caseloads. Only 67% of respondents were aware of the adolescent emergency service provider in their community. Of those respondents who indicated awareness, only 34% had a working relationship with this provider. Respondents from the Departments of Mental Health had indicated a greater awareness and concern about this issue which corresponded to an increased likelihood of a working relationship with the adolescent emergency service provider. Sixty-four percent of respondents from Departments of Mental Health indicated that they have ongoing contact with the adolescent provider in their community.

Agencies were asked if they had services or resources that they felt could be useful to the adolescent emergency shelter in their community. Fifty percent of respondents indicated they had helpful resources, and 18% were not sure if they would have useful resources. Only 46% of respondents indicated an interest in identifying someone on their staff to serve as a contact for the adolescent shelters in their state.

Implications

Family and Youth Services Bureau

As the study indicates, the FYSB-funded adolescent emergency shelter providers have significant experience with responding to the needs of youth with disabilities. While agencies are employing diverse strategies along with altering services, over two-thirds replied that there were youth who were not effectively served because of complex learning and/or emotional issues. As agencies continue to respond to this population, they should consider (a) program modifications that will allow them to be more effective, (b) changes in their intervention and expectations from youth, and (c) expanding the scope of outside resources they can use for support.

Program Modifications

While the majority of adolescent emergency shelters reported considerable effort in accommodating and responding to the needs of youth with disabilities, continued attention must be given. Exclusion of youth from services as a result of their disability is in conflict with the Americans with Disabilities Act. Agencies need to ensure that their policies and services are accessible to all youth and that they are not creating unnecessary roadblocks for this population. Modifications to programs that would benefit individuals with disabilities would also make program services more accessible to other individuals who may have literacy or language difficulties. The following are some factors to consider, but agencies will want to review their program in greater detail.

- Evaluate intake and assessment process. Practice flexibility and use multiple formats to collect intake information. Written intake forms or program information may be difficult for some individuals to understand, but they may be embarrassed to acknowledge this difficulty during the initial session. Faced with this obstacle some youth may give up and return to the street rather than work through the problem. Use simple language when communicating with all new clients to assess their level of understanding. Ask them to review what has been discussed to ensure their understanding of the information.
- Evaluate program requirements. Some transitional living programs require students to work while they are going to school. For a student who requires additional time to

complete school work, this requirement may be impractical for them to achieve. Look at individual needs in determining the expectations for program participation rather than having rigid parameters that apply to all.

- Assess the youth's ability to engage in group situations. For students with emotional issues or language processing difficulties, group counseling settings may be overwhelming and cause the youth to act out inappropriately. Determine if it is critical for the youth to be a member of the structured group. If it is necessary, meet with the youth prior to the meeting to discuss what will be occurring, how they can handle their frustration, strategies for how they may participate, and what issues they want to discuss at the meeting.
- Use a variety of counseling modalities with all youth. Counseling which is primarily verbal may be challenging for youth with language processing deficits. Some youth may require a more structured counseling approach that focuses on setting behavior goals and consequences or may need to use non-verbal strategies to communicate feelings.
- Staff should have the opportunity to receive training and supportive problem solving in working with these youth. Individualization of their approach will benefit staff in their work with all youth.

In cases where an agency is unable to respond to the complex needs of a youth, it is critical that it have a system in place to refer youth to an agency that can meet their needs. Emergency plans that would allow the agency to support the youth until new services can be put in place help to ensure a smoother transition.

Youth Interventions

In working with youth with disabilities, FYSB providers should consider a more resilient view of youth that focuses on strengths. Inherent in the "language of disability" is the notion that "something" is missing, broken, or impaired. This view leads to the belief that "something" about the individual must be fixed or repaired. A more powerful way of making a difference in young peoples' lives over time, however, may be to look first at what is not missing - that is, recognizing clients' abilities, strengths, and talents. With this approach it is possible to look beyond the limits that disabilities impose and to acknowledge the endless possibilities of the human mind and spirit. This view considers that no matter how disabled, how poor, how abused or unhappy some adolescents may be, they have the necessary ingredients to make contributions to themselves and others. The following strategies could be effective in helping program staff emphasize the positive in youth:

- Examine and recognize clients' strengths, interests, and past successes; acknowledge their assets.

- Encourage youth participation by exploring ways in which clients could contribute to the agency or project, e.g., by participating in an advisory committee, serving as a project consultant, offering the client perspective on training, volunteering, welcoming newcomers, etc.
- While acknowledging areas in which remedial work is needed, begin to talk about individuals' weaknesses and remedial needs only after the previous steps of personal contribution have been well-implemented and clients have gained a measure of self-confidence and motivation.
- Promote skill development such as self-advocacy, time management and organization, and job-seeking strategies.
- Encourage youth to understand their unique learning styles and the advocacy skills necessary to ask for accommodations to meet these needs.

Outside Resources

FYSB providers operate in a circle that involves advocacy around education, housing, medical, and emotional support. They typically have limited interactions with other resources in their communities that deal with the same issues for a population of individuals who have disabilities. It is not critical for FYSB providers to learn how to respond to all the needs of these youth on their own, but they should know where to look in their broader community for support. The following resource may be helpful in responding to the needs of these youth:

- School systems and other educational services can be resources for conducting evaluations to identify the presence of a disability. For students who are enrolled in educational programs, the schools are required to provide accommodations such as untimed tests, note-takers and assistive technology devices. Teachers may also be able to share effective strategies that they have used with the youth that could be adapted for the shelter setting.
- Vocational Rehabilitation and Agencies of Mental Retardation or Mental Health are state agencies mandated to serve youth and adults with disabilities. Vocational rehabilitation services are focused primarily on employment goals but can fund education or training to allow the individual to obtain their goal. Mental Retardation and Mental Health agencies can be resources for vocational training, counseling, or residential services. FYSB staff should be familiar with the eligibility requirements and program options in each of these systems and develop relationships with these providers for easier referral.
- Youth with disabilities may be eligible for financial assistance or health insurance through the Social Security Administration. If a youth has not worked and has a significant disability which impacts his/her ability to work, he/she may be eligible for Supplemental Security Income (SSI). SSI recipients receive a monthly income support check and are eligible for Medicaid.

Developmental Disabilities Support Network

The developmental disabilities support network in this study represents agencies with varied mandates and purposes. As a result of this variety of purpose, not all recommendations that would help support youth with disabilities who are runaway and/or homeless would apply to each agency. No matter what the nature of the support agency, however, it is important for them to a) understand the impact of this issue on their constituency, b) review their internal practices and policies and c) reach out to the providers in their communities who work with these youth.

Agencies should explore the prevalence of youth in their provider community who have disabilities and are runaways and/or homeless, so they can plan an appropriate response to the need. Factors they need to consider include the local impetuses which cause youth to run away from home or to be thrown out of their homes. Equally important is to understand is where these youth end up when they leave home. One question to be asked would be if there is a formal or informal support system that is able to meet the youths' needs, and if they are living in situations where they are vulnerable to exploitation.

In some cases, youth run away or are thrown out of their homes because of pressure of family interactions. Agencies should consider what resources they have for emergency respite services to relieve some of this pressure before it gets to point where the youth is thrown out of the house.

Agencies which provide direct service need to train their staff and develop policies that allow them to identify at-risk youth and provide interventions prior to the youth leaving home. Earlier intervention will provide the support necessary for youth to make better informed decisions.

As part of early identification and intervention procedure, agencies should expand their outreach efforts to schools and primary care physicians. These individuals have more day-to-day contact or more personal contact with at-risk youth and may be able to identify problems early on. Prevention of runaway and homeless behavior are equally important objectives for educational or health care providers, and a united effort is more likely to achieve this goal.

Finally, agencies should look at their outreach strategies and orientation processes to make sure they are accessible to youth. Youth who are in chaotic or stressful living situations will need help to negotiate and advocate for themselves in a bureaucratic or complex system. Agencies should consider whether there are alternative ways that they can reach these youth in their own environment or on their own terms.

In addition to individual agencies making a concentrated effort to make their services accessible and supportive, it is important that state policies address the identification of youth at risk of running

away or becoming homeless and provide a support structure that can respond to their needs. Current eligibility requirements at some state disability agencies make it difficult for youth to independently access their services.

Conclusion

While survey respondents from the FYSB funded adolescent emergency service provider system are aware of the presence of youth with disabilities in their caseload and are providing services to these youth, this issue has not been widely identified or recognized as an issue by survey respondents from the developmental disabilities support network. Both of these systems are extended in their commitment to serving youth that they are specifically mandated to support. Neither system is well designed to meet the needs of these youth. Youth may not be effectively served in either system, and due to eligibility standards, lack of knowledge or understanding of this group, or a lack or resources and training, youth are potentially falling through the cracks at both ends of the spectrum. To be truly effective in addressing the problem of youth with disabilities who are runaways or homeless, adolescent emergency shelters and disability support organizations need to find common ground where they can work together. A critical next step is for the agencies to work with schools and other youth providers to identify these youth at risk and provide intervention prior to their leaving the service system or becoming runaways.

The nature of youth who are runaway and/or homeless and their life experiences have resulted in a lack of connection with formal support systems. As a result, this population has not been identified within disability services. To respond to the needs of these youth it will be incumbent on state-level disability organizations to reach out and support these youth in services where they are connected, such as adolescent emergency service providers. Without such ongoing collaboration, youth who are runaway and/or homeless will continue to be lost in the system as adolescent emergency service providers continue to struggle with how best to respond to their complex needs. Strategies to increase collaboration and outreach might include staff from the FYSB providers and DD support organizations serving on advisory boards, offering training to staff or allowing staff to participate in existing training opportunities, and making informational materials about available services in user-friendly formats.

To address the needs identified in these studies it will be critical for the disability support network and adolescent emergency service providers to build relationships and use the resources each has to offer. As a component of this project both types of agencies were sent contact information about providers in their regions of the country. Making this information available to providers and disability support network is a first step in people connecting for the common purpose.

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Appendix A

National Survey of Services for Youth with Disabilities who are Runaways, Homeless, or at Risk

(distributed to FYSB agencies)

National Survey of Services for Youth with Disabilities who are Runaways, Homeless, or at Risk for Being Homeless

Institute for Community Inclusion
Children's Hospital
300 Longwood Avenue
Boston, MA 02115

Bridge over Troubled Waters, Inc.
47 West Street
Boston, MA 02111

Survey Purpose and Procedures:

1. The study is commissioned by the Administration on Developmental Disabilities and the Family and Youth Services Bureau to gather information about organizations which serve youths who have either known or suspected disabilities. Once the study is complete, your agency will receive a summary report of the national findings.

2. Please answer the questions to the best of your ability. If you are not able to answer a question because you do not have access to the information, please write N/A (not available). If you cannot answer a question because it does not apply to your agency, please write DNA (does not apply). If there is additional information that you would like to provide on a question, please feel free to write in the margins or add extra paper. The entire survey should take approximately 15 minutes to complete.

3. The attached information sheet on disability definitions is to help clarify disability terms that are used in the survey. It may also be helpful as a quick summary for your staff of what is meant by different disability labels.

4. If possible, please enclose a brochure or information sheet about your agency with the completed survey.

Participant

Name	_____
Title	_____
Address	_____
City, state, zip	_____
Phone	_____

Information Sheet on Disability Definitions

MENTAL RETARDATION

Individuals with mental retardation possess an intellectual functioning which is considered below average (scoring 70 or below on an intelligence test). Depending on the extent of the impairment--mild, moderate, severe, or profound--individuals with mental retardation may experience difficulties in learning, communication, social, academic, vocational, and independent living skills.

LEARNING DISABILITIES

Individuals with learning disabilities usually have average to above average intelligence levels, but have difficulty achieving in certain areas. People with learning disabilities may exhibit a wide range of traits, including problems with reading comprehension, spoken language, writing spelling, or doing mathematical calculations. An example of a learning disability is dyslexia, which may impair the individual's ability to read, write, or spell.

EMOTIONAL DISABILITIES

The term emotional disability is used to describe either emotional, behavioral, or mental disorders. Individuals with an emotional disability may exhibit aggressive or self-injurious behaviors, hyperactivity, withdrawal or depression, excessive fear or anxiety, or the inability to build or maintain satisfactory interpersonal relationships. Examples of emotional disabilities may include BiPolar Disorder (Manic Depression) or Schizophrenia.

PHYSICAL DISABILITIES

Physical disabilities can produce a variety of characteristics that may interfere with motor functioning, communication, and learning skills. Certain physical disabilities may be present at birth (such as missing limbs, spina bifida, etc.) or may result from other causes (such as contractures caused by burns or fractures). Health impairments such as asthma, cardiac conditions, epilepsy, and leukemia are also considered physical disabilities as they may limit an individual's strength or alertness.

SENSORY IMPAIRMENT

An impairment in vision or hearing. This includes deafness, blindness, or deaf-blindness (simultaneous hearing and visual impairments which can cause severe communication and other developmental problems).

Instructions: Please answer the questions to the best of your ability. If you are not able to answer a question because you do not have access to the information, please write in N/A (not available). If you cannot answer a question because it does not apply to your agency, please write DNA (does not apply).

1. What type of services does your agency provide? (check all that apply)

_____Basic Center Program (provides temporary shelter, food and clothing to runaway and homeless youth
_____Drug Abuse Prevention Program (DAPP)
_____Transitional Living Program (TLP)
_____Community School Youth Services and Supervision Grant Program
_____Youth Gang Drug Prevention Program
_____Demonstration Project (please specify_____)

2. In the programs listed above, please identify the age range of individuals to whom you provide services. (check all that apply)

_____ 0-5
_____ 6-10
_____ 11-15
_____ 16-18
_____ 18-21
_____ over 21

3. To how many youth and adults did you provide support services in 1995?

_____ 1-30
_____ 30-80
_____ 80-150
_____ 150-250
_____ 250-500
_____ 500-1000
_____ over 1000

4. How many youth between the ages of 16 to 21 did you serve in 1995?

_____ 1-30
_____ 30-80
_____ 80-150
_____ 150-250
_____ 250-500
_____ 500-1000
_____ over 1000

5. Please indicate which description best fits the primary area in which your agency services are provided.

_____ Urban _____ Suburban _____ Rural

Questions 6 - 11 pertain only to individuals you serve who are 16 to 21 years of age and receive services because they are runaways, homeless or at risk for being homeless.

(Please refer to the information sheet on disabilities for definitions)

6. Have you served youth who are 16 to 21 who have an identified disability? This disability might be identified through self-report or documented in school or medical records.

☐ Yes ☐ No (if no, go to question 12)

7. In 1995, how many youths did you serve who had identified disabilities?

_____ None
_____ 1-5 youths
_____ 6-15 youths
_____ 15-30 youths
_____ 30-50 youths
_____ over 50 youths
(if over 50, please estimate how many were served____

8. (a) Please indicate if you served youth in any of the following disability categories in 1995. (check each category that describes youths who you have served)

_____ learning disability
_____ emotional disability
_____ physical disability
_____ mental retardation
_____ sensory impairment

(b) If possible, please indicate the number of youth in each disability category that were served in 1995.

_____ learning disability
_____ emotional disability
_____ physical disability
_____ mental retardation
_____ sensory impairment

9. (a) Have you altered any of your services or approaches to your services to address the needs of these youths?

☐ Yes ☐ No (if no, go to question 10)

(b) If yes, please check any areas that were altered to serve these youth.
(check all that apply)

_____ Intake
_____ Assessment process
_____ Outreach process
_____ Services provided
_____ Eligibility determination
_____ Consultation with other agencies
_____ Other
(please describe_____
_____

(c) Please describe how you altered your approach to serve these youth.

_____

_____

10. Please indicate if your staff has used any of the following strategies in working with these youths with identified disabilities. (check all that apply and describe any alternative strategies that you have used)

_____Altered expectations to task assignment to meet individual needs
_____Change physical environment to meet needs
_____Personally intervene to diffuse interpersonal conflicts
_____Referral to other agencies for additional services
(Which agencies:_____)
_____Put on waiting list for services that better meet the youths needs
_____Other
(please describe_____
_____)

11. Please indicate if you have encountered any of these barriers or obstacles in providing appropriate services to these youths. (check all that apply)

_____Youth who are unable to meet the eligibility requirements
_____Serving these youths require skills that the staff does not have

_____Serving these youths requires time that the staff does not have

_____Program does not have the capacity to respond to theindividual needs of these youth

_____Other

(please describe_____

_____)

The following questions relate to 16-21 year old youth who receive services from your agency who have <u>not been identified</u> with a self reported or documented disability. These are youth who may have underlying learning, emotional or other developmental problems which may require specialized support services beyond those which your agency typically provides. Although these youth have not been diagnosed with a specific disability, you suspect they could benefit from special education or clinical services. Youth who might fall into this category might be described in one or more of the following ways:

- Has a special learning style and gets easily overwhelmed with multiple steps to a task;
- Has a history of academic problems and underachievement;
- Ils impulsive in social interactions and has difficulty maintaining relationships with peers;
- Has difficulty developing relationships, has a long history of failure and is isolated from support services
- Has developmental skills which are not consistent with age appropriate peers.

12. (a) Are you aware of youth, ages 16 to 21, whom you are serving who have not been identified as having a disability, but who appear to have underlying learning, emotional and other developmental problems which may require specialized support services?

☐ Yes ☐ No (if no, go to question 16)

(b) If yes, please check the category that best represents the number of youths who you served in 1995 that would fall into this category

_____ None

_____ 1-5 youths

_____ 6-15 youths

_____ 15-30 youths

_____ 30-50 youths

_____ over 50 youths

(if over 50, please estimate how many were served_____)

13. In their interactions with youths, how does your staff identify individuals who may require special support services because of learning or emotional problems? (check all that apply)

_____Difficulty following through on tasks
_____Mood swings
_____Aggressive behavior
_____Hyperactivity
_____Problems following multi-step instructions
_____Difficulty with interpersonal relationships
_____Disorganized in dress, personal appearance and/or hygiene
_____Other (please describe_____
_____)

14. Please indicate if your staff has used any of the following strategies in working with these youths who do not have identified disabilities, but have underlying emotional and learning problems. (check all that apply and describe any alternative strategies used)

_____Altered expectations to task assignment to meet individual needs
_____Change physical environment to meet needs
_____Personally intervene to diffuse interpersonal conflicts
_____Referral to other agencies for additional services
(Which agencies: _____)
_____Put on waiting list for services that better meet the youths needs
_____Other
(please describe_____
_____)

15. (a) Have you altered any of your services or made modifications in your approach to services to address the needs of these youths?

☐ Yes ☐ No

(b) If yes, please explain _____

_____

16. (a) Are there youth who you are not able to effectively serve with your typical services alternatives because of their learning and/or emotional needs, whether these needs are the result of an identified disability or not ?

☐ Yes ☐ No (if no, go to question 17)

(b) If yes, please estimate the number of youth who cannot be served.

_____

(c) Please think about the last two youths you could not serve well with your standard services because of these emotional and/or learning needs. Describe why you could not serve them and what happened to these youths.

_____

_____

_____

_____

_____

(d) What referral alternatives have you used to address the needs of these youths?

_____

_____

17. (a) Has staff in your agency received any training on identifying and understanding different disabilities (such as those described on the disability information sheet) or underlying learning or emotional problems?

☐ Yes ☐ No (if no, go to question 18)

(b) If yes, what type of training have they received?

_____

_____

(c) Has this training been helpful?

☐ Yes ☐ No (if no, go to (e))

(d) If yes, what about the training was helpful?

_____

_____

(e) If no, what about the training was not helpful? (check all that apply)

_____Unrelated to what I do
_____Too abstract, didn't deal with real situations
_____Too general
_____No opportunity to practice what was taught
_____Too brief
_____No follow through from training
_____Other
(please describe_____

18. (a) If staff have not received training, is this an area that you would like to see made available to your staff?

☐ Yes ☐ No

(b) What areas would you like to see addressed in this type of training?

_____Identification of hidden disabilities
_____How to engage these youth in the services at onset
_____Strategies for helping these individuals with task completion
_____How services to these individuals differ from other people you serve
_____Understanding of more common disabilities such as Attention
Deficit Disorder, Learning Disabilities, Mental Retardation, Sensory Impairments
_____Special Education regulations and advocacy
_____Social Security Benefits
_____How to interpret and use psychological/medical evaluation materials
_____Information about eligibility and services offered by adult service
categories (Vocational Rehabilitation and Department of Mental Retardation or Mental Health)
_____Other (please describe_____
_____)

19. Please describe the impact on your staff of working with individuals with identified or suspected disabilities.

_____

Appendix B

National Survey Regarding Youth with Disabilities who are Runaways, Homeless, or at Risk

(distributed to Developmental Disabilities Support Network)

Appendix B—Developmental Disabilities Support Network Survey

Dear Colleague,

The Institute for Community Inclusion and Bridge over Troubled Waters have been studying issues concerning youth with disabilities who are runaway, homeless, or at risk. Adolescent emergency shelters have reported that they are serving youth with disabilities and are challenged by responding to the complex needs of these youth. Enclosed is a research brief which describes a study looking at this issue from the perspective of disability support organizations.

As you can see in the brief, these two systems have historically had limited interaction. To help build the communication between adolescent emergency shelters and disability support organizations we are also enclosing a list of personnel from disability organizations who have agreed to serve as a contact to agencies working with youth with disabilities who are runaway or homeless.

We hope this information is helpful to you and that these individuals can be a resource to your organization.

Sincerely

Sheila Fesko. Ph.D.
Research Associate
(617)355-6271
fesko@a1.tch.harvard.edu

David Temelini
Dissemination Coordinator

National Survey Regarding Youth with Disabilities Who Homeless, Runaway, or At Risk for Running Away

ICI Children's Hospital 300 Longwood Avenue Boston, MA 02115
Bridge Over Troubled Waters, Inc. 47 West Street Boston, MA 02111

As an organization that provides resources such as funding, advocacy or policy development relating to youth with disabilities, please complete the following survey. The survey focuses on issues regarding runaway and homeless youth with disabilities. We understand your organization may not have experience with these issues through direct client service, but we val your perspective, considering the extent of your organization's involvement and awareness of issues relating to youth with disabilities. Your participation will have an impact and improve the provision of services to runaway and homeless youth with disabilities.

- Please answer each question as thoroughly as possible based on the experiences of your organization.
- If you are not able to answer a question because you do not have access to the information, please write N/A (not available).
- If you cannot answer a question because it does not apply to your organization, please write DNA (does not apply)
- The entire survey should take approximately 5-10 minutes to complete.
- We have enclosed a copy of our Research to Practice Brief "Responding to the Needs of Youth with Disabilities who are Runaway or Homeless," whi is based on the results of a prior survey of FYSB funded state agencies.

- Once the study is complete, your organization will receive a summary report of the national findings.

This study has been commissioned by a grant from the Administration on Developmental Disabilities and the Family and Youth Service Bureau (FYSB). FYSB offers grants to communities to provide a range of services to young people in at-risk circumstances, including services for homeless and runaway youth, programs for youth at risk of involvement with gangs and drugs, and after school programs for young people living in areas with high rates of poverty and crime.

Participant

Name _____

Agency _____

Title/Primary role _____

Address _____

City, state, zip _____

Phone _____

Survey Regarding Youth with Disabilities who are Homeless, Runaway, or At Risk for Running Away

1. Please indicate the types of resources your organization provides.

(check all that apply)

_____clinical service (counseling, evaluation)
_____direct service (employment, education and transition)
_____provide grant funds
_____policy analysis
_____medical services
_____research
_____information and referral
_____advocacy
_____legal assistance
_____training and technical assistance
_____other (please describe)_____

2. (a) Please indicate which of the following individuals or groups to whom your organization serves as a resource, either directly or indirectly.

(check all that apply)

_____individuals with disabilities
_____families
_____educators
_____medical professionals
_____rehabilitation providers
_____general public
_____other (please describe)_____

(b) If your organization provides services to individuals with disabilities, please identify the age range of these individuals.

(check all that apply)

_____0-9
_____10-15
_____16-21
_____21 plus

3. Approximately what percent of your organization's activities occur in the following areas?

_____% Urban _____% Suburban _____% Rural

The remainder of the questions relate to your organization's perspective on issues relating to 16-21 year old youth with disabilities who are homeless, runaway or at risk for running away.

4. (a) As a result of your organization's work, have you become aware of an occurrence of youth with disabilities who are homeless, runaway or at risk for running away?

_____unaware
_____vaguely aware
_____somewhat aware
_____very much aware

(b) How have you become aware of issues concerning youth with disabilities who are homeless, runaway or at risk for running away ?

_____

_____

5. Within the scope of your organization's activities, how serious a concern are issues relating to 16-21 year old youth with disabilities who are homeless, runaway or at risk for running away?

_____not raised as a concern
(If these issues have not been raised as a concern, please go to Question #10)
_____isolated incidents of concern
_____some concern
_____substantial concern

6. Within the scope of your organization's activities, please estimate the percentage of 16-21 year old youth with disabilities who are homeless, runaway or at risk for running away.

_____

7. (a) Has your organization developed any programs or made policy recommendations which address the needs of 16-21 year old youth with disabilities who are homeless, runaway or at risk for running away?

Yes ⌟ No ⌟

(b) If yes, please explain such programs or policies.

_____

_____

(c) What was the impetus for developing these programs or policies?

_____

_____

_____

8. (a) Does your organization have contact with or provide resources to 16-21 year old youth with disabilities who are homeless, runaway or at risk for running away, or their families?

Yes ⌋ No ⌋

(b) If yes, please indicate the types of resources your organization provides to these youth.

(check all that apply)

_____individual counseling
_____employment/vocational counseling
_____crisis management
_____legal representation
_____safety assessments
_____health care
_____diagnostic evaluation
_____financial services
_____other (please describe)_____

(c) If yes, please indicate the types of resources your organization provides to families.

(check all that apply)

_____family support/counseling
_____legal representation
_____crisis management
_____financial
_____other (please describe)_____

9. Please indicate whether your organization has encountered the following barriers or obstacles in attempting to address the needs of 16-21 year old youth with disabilities who are homeless, runaway or at risk for running away.

(check all that apply)

_____lack of awareness
_____lack of funding
_____lack of time
_____client's life situations make it difficult to maintain contact
_____lack of internal resources (staffing, skills)
_____lack of external resources
_____not consistent with organizational mandate
_____other (please describe)_____

10. (a) Has <u>your organization's staff</u> received any training regarding issues about 16-21 year old youth with disabilities who are homeless, runaway or at risk for running away?

Yes ⌟ No ⌟

(b) If yes, what types of training have staff received?

_____

_____

(c) If yes, has this training been helpful?

Yes ⌟ No ⌟

(d) If yes, what techniques or strategies have you and your staff found helpful?

_____

_____

11. (a) Would training (or additional training) regarding issues about these youth be useful for your staff?

_____very useful
_____useful
_____somewhat useful
_____not useful
_____don't know

(b) If you feel the training would be useful, which areas would you like to see addressed?

_____crisis counseling with youth
_____crisis counseling with families
_____safety assessments
_____identification of at risk behaviors
_____identification of resources for youth and families
_____other (please describe)_____

12. (a) Are you aware of an adolescent emergency shelter for runaway and homeless youth in your area?

Yes ⌟ No ⌟

(b) If yes, do you have a working relationship with this adolescent emergency shelter for runaway and homeless youth?

Yes ⌟ No ⌟

(c) In what capacity do you collaborate with this adolescent emergency shelter for runaway and homeless youth?

_____

_____

13. (a) Does your organization have services that could be a resource to youth with disabilities served at an adolescent emergency shelter for runaway and homeless youth?

Yes ☐ No ☐ Unsure ☐

(b) What services does/might your organization provide to an adolescent emergency shelter for runaway and homeless youth?

_____counseling
_____advising families
_____legal advice
_____evaluation
_____funding
_____staff training or technical assistance
_____other_____

14. (a) Are there resources that a runaway and homeless youth service organization could provide that might be useful to your staff?

Yes ☐ No ☐ Unsure ☐

(b) If yes, of the following resources that a runaway and homeless youth service organization could provide, which might be useful to your staff?

_____drug and alcohol evaluation
_____resources for runaways
_____legal issues
_____staff training
_____other (please describe)_____
_____none of the above

15. (a) Would you be interested in having your organization be identified as a resource or collaborator to FYSB providers in your state? If you are interested, the FYSB provider in your state will be given your organization's name and contact person and they may elect to contact this person. At that point the role of the contact person would be determined between each individual contact person and staff at the adolescent emergency shelter.

Yes ☐ No ☐ Unsure ☐

(b) If yes, please list the name of a contact person in your organization.

_____

(c) If unsure, please describe_____

If you would like information about a FYSB provider in your state, please contact the National Clearinghouse on Families and Youth, PO Box 13505, Silver Spring, MD 20911-3505, tel. (301) 608-8098, fax (301) 608-8721.

Please return this survey to:

David Temelini
Institute for Community Inclusion
Children's Hospital
300 Longwood Avenue
Boston, MA 02115

ICI
INSTITUTE FOR COMMUNITY INCLUSION

THANK YOU FOR YOUR PARTICIPATION!

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